

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		4				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	18	22	22	22	22	22

	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS	18	22	22	22	22	22	22	22	22	22	22	22